

Theodore O. Wilder, Jr., Executive Director
Employees' Retirement System of the City of Norfolk
City Hall Building, Suite 309
810 Union Street
Norfolk, VA 23510

CHANGE OF ADDRESS FORM

CITY OF NORFOLK EMPLOYEES' RETIREMENT SYSTEM

Effective Date of Change _____ Today's Date _____

Name _____ SSN _____ - _____ - _____

Previous Address

Street Address: _____

City, State, and Zip: _____

Current Address

Street Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell/Daytime Phone: _____

Check One:

_____ Continue Direct Deposit _____ Stop Direct Deposit _____ I Do Not Have Direct Deposit

Member Signature _____

Notary Verification Required

(For protection of retiree payments)

City of _____

State of _____

The above named individual, _____
appeared before me this _____ day of _____, 20____, and I attest to his/her
signature on this form.

(Seal)

Notary Signature

My commission expires _____ Tele. No. (Notary) _____